



Module 1822

Multiple morbidity

From this module, you will learn:

- How multiple morbidity is defined
- How the level of multiple morbidity is influenced by an ageing population
- About the link between mental health and long-term conditions
- How pharmacists can ensure optimal care for these patients

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Multiple morbidity (multimorbidity) is defined as the presence of two or more long-term chronic health conditions, such as:

- a defined physical or mental health condition, eg diabetes or schizophrenia
- chronic pain or frailty
- sensory impairment eg sight or hearing loss
- alcohol or substance misuse.

Multimorbidity is associated with a reduced quality of life, higher mortality, increased utilisation of healthcare services and increased incidence of adverse drug reactions. Patients can also experience a higher treatment burden in relation to:

- their understanding of their condition(s)
- self-managing their conditions
- attending multiple healthcare appointments
- engaging with a range of health professionals
- managing complex drug regimens.

Patients with multimorbidity are often prescribed multiple regular medicines – known as ‘polypharmacy’ (see modules 1819 and 1820 at bit.ly/polypharm1 and bit.ly/polycasestudy) – to manage their conditions. As well as the increased risk of adverse drug reactions associated with polypharmacy, it may also result

in inappropriate prescribing and problems with drug compliance.

The ageing population

A major challenge facing the NHS is an ageing population. The proportion of patients aged 60 years and older in the UK was 10% in 2000,

but is expected to increase to 21% by 2050. Multimorbidity is therefore a growing health concern, as the likelihood of it increases with age. Reports have shown that approximately 65% of patients over 65 years and 82% of those over 85 years suffer from two or more chronic conditions.

However, it is important to be aware that multimorbidity can also be found in younger people, especially those living in socio-economically deprived areas – where physical and mental health conditions are more prevalent.

Recent guidelines (found at tinyurl.com/mmguideline1) by the National Institute for health and Care Excellence (Nice) have focused on the clinical assessment and

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management of multimorbidity, as well as the use of clinical judgment in the treatment of patients with multiple conditions. Greater importance is now being placed on tailoring individual approaches to care and identifying patients who may benefit from a care regime that takes multimorbidity into account.

Long-term conditions

Multimorbidity is likely to involve at least one long-term condition. They are defined as those that have no cure and are managed with drug treatment or other therapies. These conditions – such as diabetes, chronic obstructive pulmonary disease or arthritis – typically impact a person's everyday life and require ongoing care and support.

Researchers have found that approximately 50% of all GP appointments are for patients with long-term conditions (see tinyurl.com/mmresearch1). In England, it is estimated that 70% of the health and social care spending is spent on the care of patients with these conditions.

Mental health and socio-economic factors

Mental health conditions often accompany and exacerbate long-term conditions, leading to poorer outcomes, reduced quality of life and increased costs. Sometimes patient services are aimed at a single disease state, leaving potential mental health conditions overlooked or underdiagnosed – and therefore adding to the morbidity burden by remaining untreated.

When a patient has a high disease burden, their reduced quality of life can also have a significant impact on their mental health. Depression and anxiety are commonly associated with multimorbidity, which in turn may have an impact on a patient's ability to manage their conditions.

The situation may be further aggravated by patients who are socio-economically disadvantaged – as discussed earlier, a lower socio-economic status is associated with a higher number of chronic conditions.



Socio-economic status takes into account an array of factors, such as income, education, occupation, location of residence and housing conditions. It is a well-known risk factor for poorer health outcomes – with long-term conditions in patients from lower socio-economic groups often being more common and more severe.

In addition, mortality is higher among these patients, as poverty is thought to be causative of lower education and inadequate housing. Those with low incomes often lack resources and access to nutritious food, which can also have a negative impact on health.

The consequences of multimorbidity

Various negative outcomes are associated with multimorbidity. Patients can experience a significant reduction in quality of life, increased mortality and reduced functional status (an individual's ability to perform normal daily activity).

There is an increased burden on local health services, due to increased likelihood of emergency

admissions and prolonged hospital stays. Multiple non-emergency appointments with a range of different healthcare professionals for various conditions can also result in patients experiencing fragmented care. Numerous consultations may result in polypharmacy, leading to an increased risk of adverse drug reactions and the potential for problems with drug concordance.

Functional difficulties also occur in patients with multiple conditions, especially as they age. For example, patients may experience chronic pain resulting from their condition, resulting in pain management that adds to their treatment burden.

It is important to be aware that the mental health problems associated with multimorbidity may affect a patient's ability to manage their condition, causing chronic conditions to worsen or further conditions to develop.

Coordination of care

As we have discussed, patients with multimorbidity are often seen by several

healthcare professionals. A lack of communication between these individuals can result in suboptimal care, while improved patient outcomes are associated with a greater continuity of care – for example, being seen by the same GP or visiting the same pharmacy to have their medication dispensed.

Improved coordination of care can be achieved through collaboration between health professionals, with each assuming complementary roles, while working together and sharing the responsibility for decision making.

The first step in coordinating the care of patients with multimorbidity is identifying who these individuals are. This may involve using primary care electronic health records to identify markers of increased treatment burden.

The coordination of care should focus on:

- How a person's conditions and treatments interact and how their life is affected – with the aim of improving their quality of life and reducing their treatment burden
- Individual needs – with regards to preferences for certain treatments or goals
- The benefits and risks of prioritising certain conditions
- Improving communication across all healthcare services the patient has regular contact with.

Taking the opportunity to discuss a management plan with the patient's other healthcare professionals is an important step to ensuring continuity of care and enabling the patient to actively participate in their own treatment.

The role of the pharmacist

As we have discussed, Nice guidelines stipulate the importance of developing an approach to care that accounts for multimorbidity. This involves identifying:

- methods to maximise the benefits of existing treatments, and stopping any medications shown to have a limited benefit
- medicines with a high risk of adverse events

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- possible non-pharmacological options, as an alternative to recommending additional medications
- strategies to optimise the number of follow-up appointments.

Your clinical judgement and communication skills are therefore key for the provision of good care to patients with multimorbidity. Medicines use reviews (MURs) and the new medicine service (NMS) can be a useful tool to, for example:

- identify and resolve poor or ineffective drug use
- avoid potentially serious adverse reactions
- improve clinical prescribing and the cost-effectiveness of treatments.

You can then discuss any suggested changes with the appropriate prescriber, to ensure the patient is receiving the maximum benefit from their care. Your reviews should encompass deprescribing – the process of stopping a medicine when it is either:

- not indicated
- has limited benefit; or
- leads to side effects.

For example, the use of bisphosphonates is recommended for patients with osteoporosis for three years. There is also no consistent evidence of the benefits of extending this treatment for a further three years, and no harm from stopping treatment at this point. You may therefore make a recommendation to the prescriber to stop bisphosphonate treatment for these patients after three years, thereby reducing their medication burden.

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Multiple morbidity CPD

Reflect

What are the difficulties patients with multimorbidities face? What factors increase the risk of multimorbidity? How can pharmacists help with the provision of good care to patients with multimorbidity?

Plan

This article contains information about multimorbidity, including its definition, how it is influenced by an ageing population, and the link between mental health and long-term conditions. How pharmacists can ensure optimal patient care for those with multimorbidity is also discussed.

Act

Find out more about multimorbidity on the Patient website at tinyurl.com/morbidities1

Read the information about long-term conditions on the Pharmaceutical Services Negotiating Committee (PSNC) website at tinyurl.com/morbidities2

Identify any further learning needs that you may have, and find out about learning courses you could take to improve your knowledge of multimorbidity

Identify any patients with multimorbidities who might benefit from a patient consultation or MUR

Evaluate

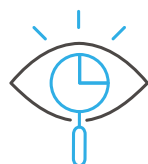
Do you now feel confident in your knowledge of multimorbidity? Could you give advice to patients and carers about the problems they may be facing?

Take the 5-minute test online

1. Multimorbidity is defined as the presence of three or more long-term chronic health conditions.
True or false
2. Multimorbidity is associated with a reduced quality of life, higher mortality and increased incidence of adverse drug reactions.
True or false
3. Patients with multimorbidity often have the additional problems of dealing with polypharmacy as well.
True or false
4. Reports have shown that approximately 78% of patients over 65 suffer from two or more chronic conditions.
True or false
5. Over 65% of all GP appointments are for patients with long-term health conditions.
True or false
6. In England, it is estimated that 70% of health and social care spending is spent on the care of patients with long-term conditions.
True or false
7. Depression and anxiety are commonly associated with multimorbidity.
True or false
8. Severe long-term conditions are more common in patients from higher socio-economic groups.
True or false
9. For patients with multimorbidity, continuity of care is associated with improved patient outcomes.
True or false
10. Deprescribing is the process of stopping a medicine if it is either not indicated, has limited benefit, or leads to side effects.
True or false



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